

216021714  
100415

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 130	Agency Case No. B6-047017	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 4
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/28/2016		TIME OF ACCIDENT 1922	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1922	Amended	
B	70	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. LEWIS AVE/ELBA AVE			PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	06/04/2016
C	3	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY LEWIS AVE/ELBA AVE				
V1/M	10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M		MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	2	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
F	1	VEHICLE NO. 1				
V1/N	1	DRIVER LICENSE NO. H13331703	STATE (Of License) NE	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	LOCAL NO.	
V2/N		DRIVER TREVOR M ELLER	PHONE	DATE OF BIRTH (MM / DD / YYYY) 12/30/1993	LOCAL NO.	
G	2	OWNER TREVOR M ELLER	PHONE	CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO. LB516422	
H	5	OWNER ADDRESS 1609 SILVER DR., DAVID CITY, NE 68632	CITY, STATE, ZIP	YEAR (Plate Expires) 2017	STATE (Of Plate) NE	
V1/O	2	LICENSE PLATE TE NO. 251082	VEHICLE 2008 GMC SK1	BODY STYLE Pickup truck	COLOR red	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$
V2/O		VEHICLE ID NO. (VIN) 2GTEK190281202282	INSURANCE COMPANY FARMERS MUT INS CO OF NE		POLICY NO. AU329232	
I	7	VEHICLE NO. 2				
V1/P	8	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	LOCAL NO.	
V2/P		DRIVER TREVOR M ELLER	PHONE	DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
J	12	OWNER TREVOR M ELLER	PHONE	CITATION <input type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/Q	4	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE
V2/Q		VEHICLE 2008 GMC SK1	COLOR red	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$		
K	01	VEHICLE ID NO. (VIN)	INSURANCE COMPANY FARMERS MUT INS CO OF NE		POLICY NO. AU329232	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.		

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-047017**



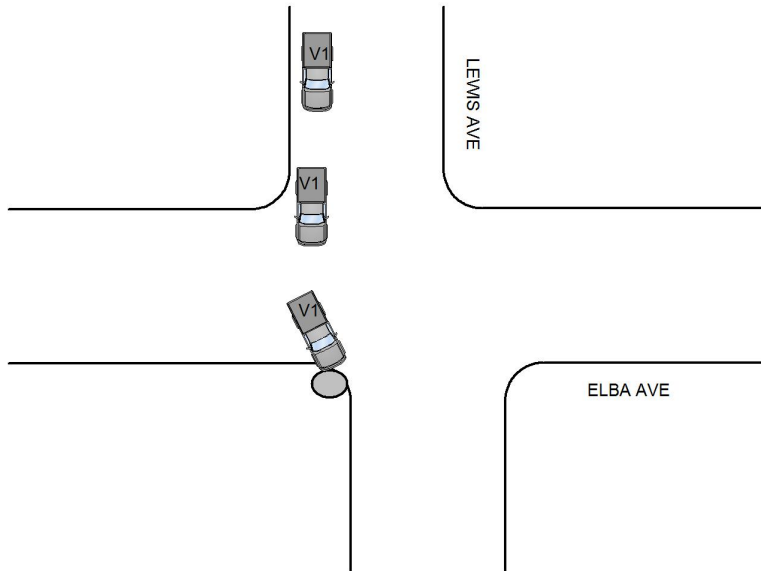
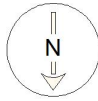
APOI: 1' N OF N CURB OF ELBA AVE  
1' E OF E CURB OF LEWIS AVE

LEWIS AVE: 27'

ELBA AVE: 24'

ALL MEASUREMENTS APPROXIMATE

DRAWING NOT TO SCALE



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

The resident of 1150 Elba avenue called in to report that a maroon chevy pick up had struck the light pole outside of his house and then left the scene. A neighbor said the license plate of the PR vehicle was 25-1082. This license plate comes back to a red 2008 GMC pickup. The reporting party said he witnessed the vehicle back up from the light pole and leave the scene west bound. He estimated the speed to be 50 mph. See police reports for further details.

<b>PROPERTY</b>	OBJECT DAMAGED <b>Light Pole is Bent</b>	OWNER NAME <b>LES 1040 O ST, LINCOLN, NE 68508</b>	ADDRESS <b>402) 475-4211</b>	PHONE <b>402) 475-4211</b>	APPROX. COST OF DAMAGE <b>\$ 50</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)															
1	X				LEWIS AVE								<div style="display: flex; justify-content: space-around;"> <div>6</div> <div>6</div> </div>				<div style="display: flex; justify-content: space-around;"> <div>9</div> <div>9</div> </div>				<div style="display: flex; justify-content: space-around;"> <div>Driver No. 1</div> <div>Driver No. 2</div> <div>Pedestrian</div> </div>			
2																								
1	13				06 Turning left				VEHICLE 1				VEHICLE 2											
2					08 Entering traffic lane				POINT OF IMPACT				POINT OF IMPACT											
					09 Leaving traffic lane				MOST DAMAGED AREA				MOST DAMAGED AREA											
					01 Essentially straight ahead				00 None				02				03							
					02 Backing				09 Top & windows				01				04							
					03 Changing lanes				10 Undercarriage				08				07							
					04 Overtaking/Passing				11 Total (all areas)				05				06							
					05 Turning right				12 Other															
					13 Unknown																			

OFFICER NO. <b>1744</b>	TROOP/TEAM/BEAT <b>11</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Briana Pallas</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Briana Pallas</b>	DATE OF REPORT <b>06/04/2016</b>